

2. Complications occur in almost half the cases, the main factor concerned in their production being the capsular lesion.
3. Recurrent dislocation occurs in 30 per cent of shoulder luxations under the age of 30 years, but it can be prevented or at least minimised by ensuring that sufficient rest is given the shoulder after reduction, so as to allow the capsular lesion time to heal.
4. Rupture of the shoulder "cuff" is the most serious complication of all and, as conservative treatment gives such poor results, operative repair should be advised in all cases.
5. Fractures of the greater tubercle, nerve lesions and capsulitis ("frozen shoulder") delay recovery by many months. Time and patience are needed in their management, but the ultimate outlook is good.

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"THE PHYSICIAN AS MAN OF LETTERS, SCIENCE AND ACTION." By Thomas Kirkpatrick Monro, M.A., M.D., LL.D. Second edition. (Pp. 264. 21s.). Edinburgh: E. & S. Livingstone, 1951.

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R. M.